

Opticians Association of Massachusetts Spring Education Expo
Wyndham Double Tree Hotel
5400 Computer Drive, Westborough Intersection of Rte 9 & Rte 495
Sunday April 27, 2008

7:00am – 7:45am	Registration & Breakfast
8:00am – 10:00am	(This is a General Session for all attendees, select either 2 ABO Cec's or 2 NCLE Cec's)
2 ABO	Building Communication Skills for Success in an Optical Business
2 NCLE	<i>Roy Dennis, Education Grant by Essilor of America</i>
10:00am – 10:15am	Coffee Break with Corporate Sponsors
10:15am – 11:15pm	Basics of Free Form Optics
1 ABO	<i>Todd Hasselius, Education Grant by Shamir Insight, Inc.</i>
1 NCLE	The 5 Biggest Practice Management Mi\$take\$ Contact Lens Fitters Make
	<i>Roy Kline, OD Education Grant by CIBA Vision</i>
11:15am – 12:15pm	Occupational Lenses
1 ABO	<i>Todd Hasselius, Education Grant by Shamir Insight, Inc.</i>
1 NCLE	Back to the Future; It's Time To Rethink Daily Disposable Soft Lenses
	<i>Roy Kline, OD Education Grant by CIBA Vision</i>
12:15pm – 2:30pm	Box Lunch & Afternoon Lecture
2 ABO	Gaining Ground – Incremental PAL Increases & A Purchase They Can Live With – Building Consumer Confidence
	<i>Jeff LaPlante, Education Grant by Signet Armorlite</i>
2 NCLE	Presbyopes In Your Practice
	<i>Andy Taddeo, FCLSA Education Grant by Bausch & Lomb</i>

OAM Spring Expo Registration - Please send payment to OAM Mail: PO Box 419 Medway, MA 02053
Or Fax: (with Visa or MC#) 508-533-3060 Questions? Call 508-533-1419

Step 1: Attendee Information:

Name: _____ Email: _____
Street Address: _____
City: _____ State: _____ Zip: _____

Step 2: Course Selection: Circle your CEC selection for each class time

8-10 2ABO or 2CL 10:15-11:15 1ABO or 1CL 11:15-12:15 1ABO or 1CL 12:15-2:30 2ABO or 2CL

Step 3: Payment: Check One:

\$145 _____ Join as a New OAM Member Fee (coffee break luncheon, 6 Cec's, 2008 membership)
\$135 _____ Regular Conference Fee (coffee break, luncheon, 6 Cec's)
\$ 75 _____ OAM Member (coffee break, luncheon, 6 Cec's)

Payment Options: Check Enclosed _____ (make payable to OAM) or VISA/MC _____

Credit Card # _____ Exp _____ Signature _____
